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Annual Report: 1962

St. Cloud Hospital

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Annual Report for 1962
St. Cloud Hospital

THE WHOLE
IS
THE SUM
OF
ITS PARTS

People and things, in very large numbers, are essential to a complete program of general hospital patient care. But in this hospital these elements, in themselves, are not sufficient. It is the cohesion of personal efforts, plus the application of knowledge and personal skill to mechanical aids, plus the institutional support received from outside agencies, plus the blessing of God in Whose Name the work is undertaken that add up to this hospital's effort to meet in every way possible the physical, emotional, and spiritual needs of each patient.

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The Governing Board



Mother Henrita, O.S.B.

My experiences during my first year as chairman of the Governing Board of St. Cloud Hospital have been happy ones. At every turn I was impressed with the loyalty and devotion of all who serve the sick in this hospital. Care of the sick is a noble work which, while taking a heavy toll of the time and energy of those who serve, gives at the same time a rewarding joy which only complete dedication can know.

I ask God to bless all who join us in this dedication and thank you for your generous service. Without you doctors, our hospital could not exist. Without nurses our staff would be inadequate. Without office help, housekeeping and maintenance personnel, dietary workers and numerous other lay helpers, our service would be crippled or impossible. Each of you is necessary; each of you is sincerely appreciated!

May we together during the coming year offer to the St. Cloud area the best in Christlike service of the sick and dying.

Mother Henrita, O.S.B.
Mother Henrita, O.S.B.
Chairman

The Administrator

The annual report for 1961-1962 again shows the ever-increasing utilization of hospital facilities. Statistics noted elsewhere in this presentation reflect the high level of departmental performance.

During this past year, in trying to continue the tradition of our hospital as an institution dedicated to serve all of the patients who come to us with the best possible medical and nursing care, we have become acutely conscious of our need to expand and renovate our facilities.

In recognition of these deficiencies the governing board has authorized the formation of a Development Committee to study the needs of the hospital complex. The first step in our long range plan is the construction of a convent. This addition will release considerable area in the hospital which is now occupied by about sixty Sister personnel.

Construction of this building is scheduled to begin in March. The expansion and renovation of areas in the hospital which have become crowded and obsolete will proceed as rapidly as time, space and funds will permit.

Consideration is also being given at this time to facilities for geriatric, convalescent and psychiatric patients.

There will be many challenges in the year ahead. Practical and effective means must be found and developed to provide better hospital service at reasonable cost to the patient. With the hospital's past record of achievement and the cooperation of all we confidently face these challenges.

I wish to express my gratitude to Dr. C. F. Brigham, Chief of Staff, the chairmen and members of the committees and to all members of the Medical Staff for their genuine interest in and support of activities related to the evaluation and improvement of patient care. My sincere appreciation is also extended to the other members of the hospital family--my own devoted Sisters, the dedicated lay personnel and the volunteer workers for their contribution in the care of Christ's sick.



Sister James

Administrator

Spiritual Care

The man who is sick is generally more inclined to think for a while of preparing for death--at least until convalescence begins. The opportunity for instruction, for increasing the fervor of repentance is a golden one in those few moments, or hours, or days in which the sick man realizes that he has brushed eternity, but has not yet recovered enough to find a false sense of security and be content to remain "his old self."

Thus it is very important for the hospital chaplain to be available at these critical times and to be on call twenty-four hours a day. At no time does the chaplain leave the hospital without a substitute within the confines, preferably, or a substitute on call from a neighboring parish.

The aims of the hospital chaplain are:

1. To make personal services available to the sick and the dying any hour of the day and night,
2. To prepare the Catholic patients for death any time of the day or night,
3. To be present at the deathbed of every Catholic, and
4. To give assistance to other patients, if they ask for it, at any time of the day or night.

The specific functions of the hospital chaplain are:

1. To offer the holy sacrifice of the Mass daily and to minister to the spiritual needs of the Sisters, the students and the members of the staff who ask for assistance
2. To distribute Holy Communion to the patients who are in danger of death and also to administer this sacrament any time of the day or night in emergency cases,
3. To hear confessions every evening on all floors,
4. To hear confessions at any time of the day or night in emergency cases,
5. To administer Extreme Unction to the patients who are in danger of death and also to administer this sacrament any time of the day or night in emergency cases,

Spiritual Care

6. To visit the critically ill patients,
7. To make a brief visit, if circumstances allow, to all patients, both Catholic and Protestant, and
8. To teach the various subjects that are assigned to him by the faculty of the School of Nursing under the headings of Theology, Medical Ethics and Marriage Sociology.

The Chaplain of the St. Cloud Hospital is certainly appreciative of the help and assistance that the members of the hospital staff have given him during the years that he has been here.

Patrick R. Riley
Father Patrick Riley
Chaplain



Chief of Staff

The year passed quietly. Yet, progress and numerous additions to all of the departments of the hospital have been made.

The accompanying reports of the committees and departments should be studied carefully in order to obtain a general understanding of the year's efforts.

An important development was the establishment of an intensive care area for seriously ill medical and surgical patients, another move in a continuing program for the improvement of our standard of patient care.

We were pleased to receive accreditation from the Joint Commission on Accreditation of Hospitals because it again reflects the over-all incentive and initiative of the personnel and the efficiency of the physical plant of this hospital.

The appointed and elected committees of the Staff have continued to meet faithfully. Questions and general problems of concern to the Staff have been for the most part settled in committee, thereby alleviating the burden of monthly Staff meetings for the second year. This plan for meetings has proved highly satisfactory. The Staff extends appreciation to the physicians who have devoted their time and effort to being "good committee men."

My successor, Dr. William Autrey, has the support of the entire Staff.

Charles F. Brigham
Charles F. Brigham, M.D.
Chief of Staff

Medical Staff

HONORARY MEDICAL STAFF

Dr. H. Clark
Dr. H. Goehrs

ACTIVE MEDICAL STAFF

Dr. C. Alden	Dr. John Kelly	Dr. O. Phares
Dr. W. Autrey	Dr. R. Kline	Dr. S. Raetz
Dr. F. Baumgartner	Dr. R. Koenig	Dr. H. Reif
Dr. L. Bendix	Dr. H. Koop	Dr. W. Rice
Dr. J. Beuning	Dr. E. LaFond	Dr. W. Richards
Dr. M. Bozanich	Dr. A. Lenarz	Dr. A. Rozycki
Dr. C. Brigham	Dr. L. Loes	Dr. R. Salk
Dr. H. Broker	Dr. J. McDowell	Dr. E. Schmitz
Dr. R. Cesnik	Dr. J. McNamara	Dr. H. Sisk
Dr. C. Donaldson	Dr. E. Milhaupt	Dr. J. Smith
Dr. L. Evans	Dr. R. Mueller	Dr. C. Stiles
Dr. J. Gaida	Dr. T. Murn	Dr. C. Thuringer
Dr. G. Goehrs	Dr. N. Musachio	Dr. D. Undem
Dr. P. Halenbeck	Dr. V. Neils	Dr. L. Veranth
Dr. B. Hughes	Dr. J. O'Keefe	Dr. W. Wenner
Dr. R. Jones	Dr. J. Olinger	Dr. L. Wittrock
Dr. James Kelly	Dr. R. Petersen	Dr. J. Zeleny

CONSULTANT STAFF

Dr. T. Dedolph
Dr. V. Zarling

COURTESY STAFF

Dr. W. Davidson
Dr. S. Koop
Dr. C. Myre
Dr. N. Sandven
Dr. P. Stangl

ASSOCIATE STAFF

Dr. K. Absolon
Dr. D. Heckman
Dr. R. Henry
Dr. J. Knights
Dr. G. Kvistberg
Dr. T. Luby
Dr. S. Sommers
Dr. L. Thienes

Medical Staff

At a time when the world is preoccupied with unsolved wonders and mysteries of outer space, a simple truth stands out. Life has meaning, hope and happiness for millions today because of the humane endeavors yesterday and the days before of men and women of both great and average talent, and in large part these humane endeavors are to be found in the records of medical and hospital service. It is the privilege of the Medical Staff to play a major role in St. Cloud Hospital's efforts to sustain and prolong life, make whole again a broken body, or bring peace and order to a troubled mind. The activities of doctors as individuals and as teams for patient care during the year just finished is reflected in the departmental reports. This report will review the activities of the Medical Staff as an organization.

Four meetings of the entire Staff were held with 96% Active Staff attendance and excused absence. Twenty-six doctors have a perfect attendance record.

Many committee meetings were held between general Staff meetings to carry on the work of the Staff. The Executive, Medical Record and Tissue Committees met monthly and other committees as there was a need. Their activities were reported at Staff meetings and also in a monthly summary sent to each Staff member.

Committee chairmen (listed first) and members were as follows:

Executive Committee Dr. C. Brigham, Chief of Staff; Dr. E. LaFond, Vice Chief; Dr. James Kelly, Secretary; Drs. R. Petersen, E. Schmitz, D. Undem and John Kelly.

Joint Conference Committee Dr. C. Brigham, Dr. F. Baumgartner and Dr. W. Wenner. (The Chairman of the Governing Board is the chairman of this committee.)

Medical Records Committee (Chiefs of Services)

Chairman	Dr. E. LaFond
Chief of Medicine	Dr. R. Kline
Chief of General Surgery	Dr. E. Schmitz
Chief of Anesthesia	Dr. J. Smith
Chief of Obstetrics-Gynecology	Dr. A. Rozycki
Chief of Orthopedics	Dr. J. Zeleny
Chief of E. E. N. T.	Dr. R. Koenig
Chief of Pediatrics	Dr. W. Autrey
Chief of Radiology	Dr. D. Undem
Chief of Pathology	Dr. M. Bozanich

Tissue Committee Drs. E. Schmitz, V. Neils, O. Phares, James Kelly, S. Koop, W. Rice and A. Rozycki.

Credentials Committee Drs. J. Beuning, C. Alden, T. De-dolph, R. Koenig and A. Lenarz.

Medical Staff

Ethical Practices Committee Drs. P. Halenbeck, W. Davidson
C. Stiles and L. Wittrock.

Pharmacy & Therapeutics Committee Drs. T. Murn, L. Bendix,
V. Neils, J. Olinger, W. Richards, C. Stiles, C. Thuringer

Infections Committee Drs. R. Kline, A. Davis, J. Gaida,
R. Mueller, H. Reif, and J. O'Keefe.

Program Committee Drs. M. Bozanich, R. Cesnik, L. Evans,
E. Milhaupt, O. Phares, J. McNamara, and D. Udem.

Instrument Pool Committee Drs. C. Thuringer, H. Broker,
L. Evans, W. Richards and J. Zeleny.

Surgical Privileges Committee Drs. G. Goehrs, J. Beuning,
L. Veranth, R. Jones, O. Phares, C. Thuringer, C. Donald-
son, R. Petersen and W. Wenner.

Disaster Plan Committee Drs. C. Donaldson, R. Cesnik, W.
Davidson, L. Loes and R. Salk.

Diet Manual Committee Drs. James Kelly, H. Broker, R.
Petersen and H. Sisk.

Coordinating Committee for Special Care Unit Drs. J. Smith,
E. Schmitz, and R. Kline.

The Executive Committee regularly received reports from all of the committees and endorsed their activities or acted upon their recommendations. The use of a "house" formula for all well babies was endorsed, along with the recommendations for infection control. They again asked for elimination of non-emergency laboratory and x-ray work on weekends and holidays and for admission of scheduled patients by 2 p.m. After this request was made, there was a definite improvement in the number of early afternoon admissions.

The Emergency Call Plan was reviewed in April and the procedure for handling alleged violations was announced at the June meeting. The Executive Committee also discussed isolation procedures for the remodeled wing for isolation patients, approved policies for the Intensive Care Unit and told the Occupational Therapist that she may suggest this kind of therapy to the physicians for any patient for whom she thinks it would be helpful.

Having a more specific surgical permit was considered from all angles and it was decided that no change should be made in the ones now used. A specially printed surgical consent form which provides for specificity as to the nature of the operation is obtainable from the Record Room.

At the last meeting of the year the possibility of establishing a Tumor Clinic was suggested. Although the

members of the committee are in favor of it, action was left to their successors.

Medical Staff

The monthly report on professional work showed a range in autopsy rates from a low of 34% in December to a high of 74% in May. The rate for the year is 49%. The consultation rate was 10% consistently throughout the year.

The Medical Record Committee tried a "different" method of reviewing charts. After finding, a year ago, that a group study of meningitis was profitable and interesting, the same thing was done with back pain and preanesthetic workups. It was felt that this experiment in methods of review was successful enough to warrant repeating it for other diseases.

New medical record forms also received considerable attention. The Emergency Record and the form for History and Physical Examination were revised. The former now has a place for history and a snapout carbon for the doctor. The history form now includes "Systemic Review" and no longer has a place for checkmarks. The Diabetic and the Electrocardiogram Reports are new forms designed and adopted by the Record Committee.

The Tissue Committee continued to review surgical cases and their statistics show that very good preoperative diagnostic work is being done. Review of patients who had blood transfusions was programmed and a start was made in studying this kind of case.

The Disaster Plan Committee allocated the Staff to 10 medical-surgical teams, triage and coverage of the surgical specialties. In case of disaster, teams will be called rather than individuals. Several doctors participated in the Disaster Dry Run carried out in the hospital in spring.

The Diet Manual Committee completed its work in January and the new Diet Therapy Manual was distributed in March.

The Surgical Privileges Committee met several times. Dr. Sommers was granted privileges to perform T. and A.'s and several other requests for privileges are now under consideration.

The Infections Committee carried on continuous warfare against infections, especially by encouraging frequent thorough handwashing. The infection situation seems to be well under control at the present time.

Medical Staff

The Program Committee presented speakers on pertinent topics at the general Staff meetings:

- September: Dr. V. Zarling, "Encephalography as an Aid to Diagnosis"
- December: Dr. Don Mathieson of the Mayo Clinic, "Use and Abuse of Blood Transfusions"
- March: Dr. C. Gastineau of the Mayo Clinic, "Borderline Problems in Endocrinology"

We welcomed seven new men to the Associate Medical Staff: Drs. D. Heckman, S. Sommers, R. Henry, J. Knights, G. Kvistberg, T. Luby and L. Thienes.

Drs. J. Smith and B. Hughes were appointed to the Active Staff. Drs. C. Greenwald, Radiologist, and A. Davis, Pathologist, left St. Cloud to practice in Ohio and North Carolina respectively. Drs. S. Koop and Wm. Davidson transferred to the Courtesy Staff for the duration of their residencies at the University of Minnesota Medical School.

On June 30, 1962, there were 2 doctors on the Honorary Staff, 51 on the Active Staff, 2 on the Consultant Staff, 5 on the Courtesy Staff and 8 on the Associate Staff.

James H. Kelly

James H. Kelly, M.D.
Secretary of the Medical Staff

Statistics on Discharged Patients

Service	Patients	Inf.		Deaths			Autopsies		Consultations		Hosp.	Avg. Stay
		No.	%	No.	%	P.O.	No.	%	No.	%	Days	
Medicine	2932	3	.10%	201	6.9%	-	97	48%	392	13%	23997	8
Surgery	2115	20	.95%	29	1.4%	16	17	59%	396	18%	17667	8
Obstetrics:												
Delivered	2285	10	.44%	-	-	-	-	-	43	19%	8928	4
Aborted	259	-	-	-	-	-	-	-	8	3%	581	2
Not delivered	299	-	-	1	.3%	-	1	100%	5	2%	670	2
Gynecology	593	4	.67%	3	.5%	1	2	67%	92	16%	3623	6
Ophthalmology	409	-	-	-	-	-	-	-	27	7%	2268	6
E. N. T.	984	-	-	-	-	-	-	-	87	9%	2620	3
Urology	626	1	.16%	11	1.8%	-	4	36%	128	20%	4965	8
Orthopedics	1004	8	.80%	19	1.9%	-	11	58%	238	24%	13329	13
Dermatology	76	-	-	-	-	-	-	-	6	8%	481	6
Pediatrics	836	1	.12%	5	.6%	-	3	60%	47	6%	4599	6
Communicable disease	78	-	-	2	2.6%	-	1	50%	9	12%	537	7
Neurology	196	-	-	2	1.0%	-	1	50%	32	16%	1138	6
Psychiatry	122	-	-	-	-	-	-	-	30	25%	899	7
Tuberculosis	7	-	-	-	-	-	-	-	-	-	89	13
Total excluding NB	12821	47	.37%	273	2.1%	17	137	50%	1540	12%	86391	7
Newborn	2272	25	1.1%	54	2.4%	1	24	44%	17	.8%	9473	4
ALL PATIENTS	15093	72	.48%	327	2.2%	18	161	49%	1557	10%	95864	

RESULTS

	1961	1962
Recovered	6279	5289
Improved	7087	8496
Not Improved	313	328
Not Treated	63	64
Diagnosis Only	670	589
Deaths Under 48 Hr.	111	120
Deaths Over 48 Hr.	162	207
Stillborn	20	32

AGE DISTRIBUTION OF PATIENTS (excluding newborn)

	1961	1962
0 - 2	742	585
2 - 14	1599	1603
14 - 30	3162	3239
30 - 40	1876	1988
40 - 50	1308	1369
50 - 60	1267	1287
60 - 70	1177	1328
70+	1270	1422

PATIENTS WITH CARCINOMA DISCHARGED

	1961	1962
Male Patients	5782	5978
Female Patients	8903	9115
Patients from St. Cloud	7191	7338
Other Patients	7494	7755
Catholic Patients	10643	10894
Other Patients	4042	4199

Service	1961	1962
Medicine	55	77
Gynecology	28	25
Neurology	--	--
Orthopedics	6	5
Eye	7	2
General Surgery	102	123
Urology	73	78
E N T	11	5
Pediatrics	1	1
Psychiatry	--	1
Obstetrics	--	1
Dermatology	--	1

Statistics on Occupancy

Patients at midnight, June 30, 1961	244
Inpatient admissions, July 1, 1961, to June 30, 1962.	12,823
Newborn	<u>2,274</u>
Total number of patients given care.	15,341

Deaths	327
Patients discharged.	<u>14,766</u>
Patients at midnight June 30, 1962	<u>15,093</u> 248

* * * * *

Daily average number of discharges and deaths	41
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* * * * *

Adults and Children

	<u>1961</u>	<u>1962</u>
Patient days	82,313	86,448
Average daily census	226	237
% of occupancy	75%	79%
Average stay (days)	7	7
Bed complement	300	300

Newborn

Patient days	9,232	9,364
Average daily census	25	26
% of occupancy	55%	57%
Average stay (days)	4	4
Bassinet complement	45	45

Outpatients

Emergency visits	1,395	1,868
Other visits	<u>14,123</u>	<u>15,083</u>
Total.	15,518	16,951

Medical Audit

1961 - 1962

Minimum Standards for
Hospital Accreditation*

Average bed occupancy, adults and children: 237	<u>79%</u>	80% is top limit for efficient bedside care
Average bed occupancy, newborn: 26	<u>57%</u>	
These percentages are based on the hospital's adult and pediatric bed capacity of 300 beds, and a newborn capacity of 45.		
Average days' stay, adults and pediatrics:	<u>7 days</u>	6 to 10 days
By service: Medicine	8 days	
General Surgery	8 days	
Obstetrics delivered	4 days	
Obstetrics not delivered	2 days	
Obstetrics aborted	2 days	
Gynecology	6 days	
Eye	6 days	
E N T	3 days	
Urology	8 days	
Orthopedics	13 days	
Dermatology	6 days	
Communicable	7 days	
Neurology	6 days	
Psychiatry	7 days	
Tuberculosis	13 days	
Pediatrics	6 days	
(Children medical)		
Average days' stay, newborn:	<u>4 days</u>	
Percentage of all deaths to all discharges:	<u>2.2%</u>	4% is maximum
Percentage of autopsies: (161)	<u>49%</u>	20% is minimum; 25% if we wish to have interns
Postoperative death rate (within 10 days of surgery): (This is the number of deaths compared to all inpatients who had surgery: 4599 patients, 18 deaths)	<u>.4%</u>	1% considered excessive
Anesthetic deaths:	<u>None</u>	Expected mortality-- about 1:5000 anesthetics
Maternal deaths:	<u>1</u>	.25% considered high
Ratio of instances of puerperal morbidity to total number of patients delivered: (2286 deliveries, 10 cases of puerperal morbidity)	<u>.4%</u>	2% is maximum
Cesarean sections: 76		
Ratio of C. sections to total deliveries:	<u>3%</u>	Not over 3% to 4%
Ratio of deaths of newborn over 1000 grams to all newborn over 1000 grams: (2257 viable births, 40 deaths)	<u>1.8%</u>	Not over 2%
Consultation rate:	<u>10%</u>	

*These are the standards used by the Joint Commission on Accreditation of Hospitals in its program of surveying and accrediting hospitals. They are based on national averages for hospitals in the United States.

Medicine

The following statistics are evidence that the year ending on June 30, 1962, was an extremely busy one for the medical services. The average length of stay was eight days. The statistics do not include children.

<u>Service</u>	<u>Patients</u>	<u>Deaths</u>	<u>Autopsies</u>	<u>Consultations</u>	<u>Hosp. Days</u>
Medicine	2932	201	97	392	23,997
Dermatology	62			6	369
Communicable	49	1	1	9	378
Neurology	116	1	-	32	812
Psychiatry	117			30	884
Tuberculosis	5				80
	<u>3281</u>	<u>203 (6%)</u>	<u>98 (48%)</u>	<u>469 (14%)</u>	<u>26,520</u>

More specifically, the charts on one illness, lymphomas, have been reviewed for the year 1961. Perhaps a more ambitious five-year review would be of interest in the future. The problem was recently reviewed extensively in the Annals of Internal Medicine and the Bulletin of the New York Academy of Medicine. The latter presents a reasonable classification of lymphoblastoma, also called malignant lymphoma into

- Lymphocytic leukemia
- Leukosarcoma
- Lymphosarcoma
 1. Giant follicular lymphoma
 2. Reticulum sarcoma
 3. Lymphosarcoma
- Hodgkins

This review has been confined to the lymphosarcomas and Hodgkin's disease. Eighteen patients were diagnosed and/or treated. Some of them, of course, had more than one admission in 1961.

<u>Sex</u>	<u>Age</u>	<u>Adm. No.</u>	<u>Duration of symptoms</u>	<u>Location</u>	<u>Diagnosis</u>	<u>Treatment</u>
F	73	1	6 mo.	Inguinal	Lymphosarcoma	Excision
M	52	3	18 mo.	Rectum	Lymphosarcoma	X-ray 1st admission; A - P resection
M	63	2	6 mo.	Axilla	Lymphosarcoma	X-ray
F	55	6	3 yr.	Parotid to gen'lized node, bone	Giant follicular lymphoma	X-ray, nitrogen mustard; chlorambucil; steroids
M	58	3	18 mo.	Mouth	Lymphosarcoma	X-ray
F	30	1	3 mo.	Hilus; supra-clav. nodes	Hodgkins	X-ray
F	18	7	26 mo.	Multiple nodes, bone	Hodgkins	X-ray; nitrogen mustard

<u>Sex</u>	<u>Age</u>	<u>Adm. No.</u>	<u>Duration of symptoms</u>	<u>Location</u>	<u>Diagnosis</u>	<u>Treatment</u>
M	46	3	12 yr.	Cervical, aortic nodes	Giant foll. lymphoma	X-ray xl; nitrogen mustard x3
F	24	11	38 mo.	Cerv. and multiple nodes hepatosplenomegaly	Hodgkins	X-ray x3; nitrogen mustard x3; colchicine; steroids
F	68	3	14 mo.	Cerv. nodes, spine	Hodgkins	X-ray xl; nitrogen mustard
F	47	4	4 yr.	Multiple nodes	Hodgkins	X-ray x3, nitrogen mustard
M	19	1	2 yr.	Cervical nodes, lung	Hodgkins	Nitrogen mustard
M	38	1	1 mo.	Axill. nodes	Lymphosarcoma	Excision only
M	58	1	1 mo.	Cerv. nodes, lung pleura	Hodgkins	Nitrogen mustard
F	18	4	42 mo.	S.C. nodes, hilus, inguin-nodes, bone	Hodgkins	X-ray xl; nitrogen mustard x2; steroids
F	72	2	6 mo.	Axill., ing. nodes, hilus, bone	Hodgkins	X-ray xl; nitrogen mustard x2; steroids
M	67	1	2 yr.	Cerv. nodes	Lymphosarcoma	X-ray
F	11	1	6 mo.	Cerv. nodes	Hodgkins	X-ray

Twelve of the eighteen patients had systemic manifestations at last admission manifested by fever, anemia and/or elevated sedimentation rate. Four had splenomegaly with three having suggestive or proven evidence of hypersplenism.

Treatment rendered these patients has been of the generally recommended routine. Perhaps the dosage of radiation for limited stage I and II lymphomas has been less than that used in some centers. The over-all survival rate has not really improved in the past 25 years despite the addition of chemotherapy. However, there is no doubt that these agents have proved beneficial in some extremely critical situations and in alleviating some of the systemic manifestations of these diseases. Nitrogen mustard and chlorambucil remain the drugs of choice in the alkylating field. Steroids appear to have a limited usefulness in hemolysis and bleeding manifestations.

Progress notes

The Intensive Care Unit is now an accomplished fact. After the usual initial problems, the unit appears to be functioning smoothly, with the personnel seemingly "on top" of the serious situations. Hats off to all in this long-needed unit!

Medicine
Progress notes

The Isolation Unit with adequate physical facilities is now a reality, too. Problems remain, but these will certainly be resolved.

All of the equipment for management of cardiac arrest is now available. Instructions will be given in resuscitation and external cardiac massage to doctors and hospital personnel as part of a project sponsored by the Stearns-Benton County Medical Society. Bouquets for Drs. Smith, James Kelly, Heckman and LaFond!

A striking addition has been made to the charts. Duplicate copies of the electrocardiograms are now on the charts. An accolade to Dr. Sisk and Sister Bridget for their efforts.

Diabetic record sheets are now available for closer day-by-day observation of the diabetic patient's progress.

A Puritan heated aerosol apparatus is now available to utilize a glycerine-saline solution. It is hoped that this will facilitate obtaining hard-to-get sputum specimens.

Richard F. Kline

Richard Kline, M.D.
Chief of Medicine

Pediatrics

Five hundred eighty-five patients under two years of age and 1603 over two years of age were admitted to the Pediatrics Department. The average length of hospitalization was five days.

The patients were classified as follows: (General Medicine shows a decrease of 100 patients, otherwise there is little change in the incidence of disease classification.)

	<u>1961</u>	<u>1962</u>		<u>1961</u>	<u>1962</u>
Gen. Medicine	940	836	Eye	124	124
Gen. Surgery	330	361	Ear, Nose, Throat	641	579
Gynecology	3	1	Communicable	30	29
Orthopedics	109	113	Psychiatry	7	5
Urology	60	44	Neurology	74	80
Dermatology	23	14	Tuberculosis	none	2

The pamphlets initiated in 1961 are well accepted by parents who often ask for them if they have inadvertently not obtained them upon admission.

The Women's Auxiliary made a very welcome contribution of six junior beds. These beds can be used for almost all of the older age group admitted to the department. They are especially safe because of the complete side rail which, however, is not so high as to make the patient resent it as too immature for him. The stainless steel color helps to make the rooms attractive and neat. Both our little and big patients are continuing to enjoy Pedi the Puppet who is waiting for them when they are admitted and accompanies them home later. The ladies of the Auxiliary have been making these puppets for the past two years.

The Candystriper program has become much more organized during the past year. The girls are essential to Pediatrics from the patients' point of view and the nurses rate them almost as highly. The service they give in reading to and playing with children has made the period of hospitalization pleasanter for all ages from toddler to the oldest. The service given in the form of running errands and accompanying patients to departments has saved much time, used in turn to give better nursing care.

We are grateful for gifts to the department. The Christmas Piggy Bank overflowed the \$50 goal and the money was used to restock the playroom. A Hi Fi phonograph was given us by a patient, and Mr. Burgmeier donated two sturdy red and white rocking horses.

Wm. A. Autrey, M.D.
William Autrey, M.D.
Chief of Pediatrics

Obstetrics

Mothers delivered	2286
Spontaneous	1877
Forceps	267
Breech and manual	66
Cesarean section.	76

Maternal deaths	1
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Puerperal morbidity	10
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These patients had a temperature of 100.4 degrees on two or more days postpartum exclusive of the first 24 hours after delivery, but for four of them the etiology is undetermined.

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Total live births	2272
Viable (over 1000 grams).	2257
Non-viable by weight.	15
Wt. of smallest baby that lived: 1# 14 3/4 oz.	

All newborn deaths.	54 or 2.4%
Deaths of babies who weighed over 10000 grams.	40 or 1.8%

Autopsy rate (24)	44%
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Stillbirths	32
-----------------------	----

Twin births	16
-----------------------	----

Triplet births.	2
-------------------------	---

Male infants.	1167
-----------------------	------

Female infants.	1105
-------------------------	------

Infections.	25
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The above data are on discharged patients.

After a busy year during which many improvements in the physical facilities of the Obstetrical Department were made, Sister Joel went to St. Benedict's Hospital, Ogden, Utah, in August, 1961, and Sister Mary Dominic was appointed Supervisor of 5th floor activities.

Infections in the newborn infant nursery were the primary problem during the first part of the year. Several meetings between nursing personnel and staff members concerned with this problem resulted in considerable discussion and suggestions for improvements and changes in both the newborn nursery and delivery room techniques. Much progress has been made within the limitations of the physical plant.

Obstetrics

Some of the revised procedures in the delivery room and nursery are

- (1) The circulating nurse in the delivery room gowns and scrubs before she handles the baby to care for eyes, take footprints and transfer it to the care of the newborn nursery;
- (2) Babies are given a pHisoHex bath at birth and every other day unless contraindicated medically;
- (3) Triple dye is used on the cord of each infant unless it should be kept moist for possible blood transfusion or other medical reason;
- (4) Babies are carried out to mothers individually with the nurse carrying the baby taking care to avoid handling doors, mother's bed clothing, etc.;
- (5) Approximately once each month the newly delivered infants are placed in a freshly cleaned and vacant nursery. After all the babies in the other nursery have been discharged, it undergoes a thorough housecleaning. Putting this housecleaning project on a routine basis has decreased the number of rumors about the "Staph problem at the hospital."

Other commendable changes are that recently delivered mothers are placed closer to the nursery end of 5 North to save steps in transporting babies to mothers at each feeding. The use of a house formula saves much time for nursing personnel. Glass doors have been put on Room 507 and the room previously used as a third delivery room to facilitate their use as nurseries. Exchange transfusions are now generally done in the newborn nursery on 5 South. The above changes and the increased awareness of the problem have resulted in marked reduction in the problem of infections of the newborn.

A pint of low-titre Group O Rh negative whole blood is still available on the top shelf of the refrigerator in the Blood Bank with the key available by the fire extinguisher in the hall just outside. The purpose of this is to carry us for a few minutes that might be needed before the Blood Bank personnel can make more blood available.

Sister Cunegund, Sister Dolorata and Sister Mary Dominic continued to fill in for breaks in the schedules of other personnel and always keep things running very smoothly.

The classes for prospective parents were again carried out very successfully. Most of the prospective parents who attended the classes felt that both husband and

Obstetrics

wife got a good deal out of the classes. There have been some comments that the films were almost too real, but I do not feel that this is in any way an unfavorable comment. I am sure that all of us feel that continuation of these courses is a very valuable help to all of us.

The Immune Serum Globulin Department of the Pitman Moore Company has placed a large freezer on 5 South for collection of placentas throughout the next year. These are to be used by Pitman Moore for production of gamma globulin.

Anthony J. Rozycki, M.D.

Anthony Rozycki, M.D.
Chief of Obstetrics

Surgery

The Department of Surgery was again extremely busy during the July, 1961, to July, 1962, period. All-time records were set for the total number of patients treated in July, August, October, and November of 1961, February, May and June of 1962. June of 1962 set an all-time record for any month with 643 surgical cases. A total of 8942 surgical cases were handled in the operating rooms during the past year compared to 8,130 cases the year before. 6,157 $\frac{3}{4}$ hours of surgery were performed in the Surgical Suite exclusive of the emergency room compared to 5,384 $\frac{1}{4}$ hours the previous year. The number of hours of surgery each week has varied considerably--from 84 $\frac{3}{4}$ hours during the week of October 23 to 156 $\frac{1}{4}$ in the week of June 5, 1962. 950 patients were treated in the emergency room.

The surgical infection rate on clean cases is well below 1%. A total of 27 infected wounds occurred in approximately 4,000 clean procedures. This is an excellent showing, but it can still be improved.

Because of the increased load in the operating rooms, additions were made to the professional nursing staff in October, 1961, which provided for a much better staffing pattern during on-call hours. At the present time a graduate nurse scrubs on practically all of the cases.

An earnest effort is being made to arrange a scheduling pattern which will permit maximum use of the major operating rooms for major cases during the early hours and at the same time permit a maximum load of minor cases to be scheduled.

Among improvements made in the department were a new major operating table which was donated to the hospital, and the acquisition of another table which was borrowed from the Obstetrical department. A wet-dry pickup unit was installed for better floor cleaning. The use of distilled water for irrigation during urological procedures was discontinued, and a specific urological irrigating solution is being used instead.

Sister Leonarda has continued her valuable studies on patient counts, room usage, cost analysis, etc. In addition she has completed a file for inventory and maintenance of O.R. equipment and provided a very useful and informative study on doctor's handscrub times.

The Instrument Pool spent \$4,001.39 for repair and new purchases against the income of \$4,279.00. Balance on hand on July 1, 1962, is \$2,760.92.

SUMMARY OF OPERATIONS PERFORMED

Surgery

	Inpatients		Outpatients		Total	
	<u>1961</u>	<u>1962</u>	<u>1961</u>	<u>1962</u>	<u>1961</u>	<u>1962</u>
<u>In the O.R.</u>						
Gen'l Surgery	2001	2383	937	1018	2938	3401
Gynecology	565	550	8	7	573	557
Urology	370	463	9	6	379	469
Orthopedics	229	203	22	26	251	229
Ophthalmology	394	374	24	43	418	417
Ear, Nose, Throat	888	836	41	63	929	899
Obstetrics	299	328	1	-	300	328
Exam. only	5	4	4	7	9	11
<u>In the Nursery</u>						
Circumcisions					1034	1036
<u>In the X-ray Department</u>						
Closed reduction with fixation					346	412
Application of splints and casts without reduction					466	624
Casts removed, no other treatment					487	559
Miscellaneous emergency service					<u>0</u>	<u>0</u>
Total number of surgical procedures					8130	8942

Everett J. Schmitz
 Everett J. Schmitz, M.D.
 Chief of Surgery

Anesthesiology

Anesthetics given in O.R. and X-ray

Intravenous agents	3,213
Inhalation agents	370
Regional anesthetics	408
Endotracheal anesthetics:	1,646

Anesthetics given in Delivery Rooms

Chloroform	1,209
Nitrous oxide.	620
Ether.	326

Inhalation Therapy Service

Hyperventilation treatments. . .	1,923
IPPB treatments	6,899
Hydropette treatments.	898
Croupette days	518
Oxygen tent days	542
Catheter cylinders used.	1,295
Cubic feet of oxygen purchased excluding "D" and "E" cylinders	725,876

The fiscal year has been an interesting one in the Anesthesia Department for several reasons but primarily because new techniques have been utilized for the benefit of the patient.

Fluothane has come into general use. It is a non-explosive inhalation agent which we find useful in a great variety of cases. It fills a gap which previously existed in our inhalation agents, primarily because it is non-explosive.

A new Anesthesia and Postanesthesia Room record was designed and adopted.

We have found a wide acceptance of our inhalation therapy service. This has caused us to acquire several pieces of new equipment in order to give inhalational positive pressure breathing.

Our students continue to flourish. We hope that this is due to our excellent teaching. However, we probably owe a great deal of the credit to the excellent qualifications they bring with them as well as the patient tolerance and help they get from the Staff in their early months.

Care was given to 3,322 patients in PAR. The total number of nursing care hours for these patients is 5,333. The "average" patient therefore received 1.6 hours of nursing care. Some patients were retained in PAR longer than the usual period of observation because of lack of stability of vital signs or some indication of hemorrhage. 797 of the patients were children ranging from infancy to

13 years of age. They often require a considerable amount of attention.

Anesthesiology

All student nurses receive experience in the Post Anesthesia Room in conjunction with their operating room experience. The objective is to assist them in gaining understanding and skill in

1. Observation and care of the unconscious or semiconscious patient,
2. Applying the principles of safety especially in transportation and lifting of patients, and
3. Realizing the importance of continuity in care by explanations of postoperative orders initiated in PAR and an accurate report to the floor nurses at the time of transfer.

J.W. Smith
J. Weston Smith, M.D.
Chief of Anesthesiology

Eye
Ear
Nose and
Throat

During the past year inpatient nursing care and general hospital care of EENT patients has remained very good.

The emergency room has been moved from the EENT inpatient area to 1 South and this has eliminated much traffic and disturbance from 3 North.

Individual medication trays are now issued for each eye patient expediting their care and minimizing the risk of cross contamination. An eye cart is retained, however, to transport other equipment.

Some statistical data may be of interest.

Ophthalmology patients on 3 North	285
Hospital days for them	1922

Ophthalmology patients in Pediatrics	124
Hospital days for them	346

ENT patients on 3 North	405
Hospital days for them	1,303

ENT patients in Pediatrics	579
Hospital days for them	1,317

The total of the daily census for 3 North (38 beds) was 10,979 days. Total days hospitalization for adult EENT patients was 3,225 or only about 30% occupancy of 3 North by EENT patients. Statistical data on the classification of the 70% majority of the patients occupying 3 North's attention is not available now.

A total of 151 cataract extractions were performed during the past year.

Senior nursing students spend 2 months of their rotation period on 3 North and usually have good EENT cases available for study. It must be borne in mind, however, that a majority of their time is spent with non-EENT patients.

Robert P. Koenig MD
Robert Koenig, M.D.
Chief of E. E. N. T.

Orthopedics

The year just finished saw considerable change in the Orthopedic Department, especially in the organization of orthopedic equipment by Central Service.

Our Orthopedic Manual was revised so that it is up to date and very usable. This manual is good enough that one of the larger, well-known suppliers of orthopedic equipment has coveted it for possible reproduction and publication.

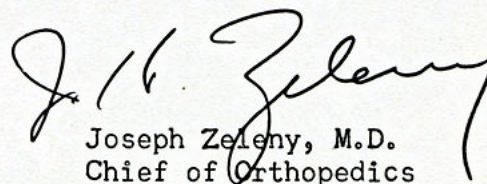
Inservice training in the form of eleven lectures on use of equipment was provided for floor personnel.

Traction equipment has now been standardized. Six new overhead frames were provided. A new footboard was designed and made by hospital personnel. A smaller version has found other uses such as maintaining arm elevation in bed. A Hodgson splint is available. A new pelvic sling permitting the sides to be crossed was designed and is now available. Disposable head halters are now standard. All of these additions and improvements have helped in giving good patient care.

From the scientific standpoint, twenty-five compound fractures treated and discharged during 1961 were reviewed. These included four gunshot wounds and four cornpicker hand injuries. Two compound fractures were treated closed without explanation. The remainder had some type of surgical procedure.

Infection developed in five of the twenty patients who received antibiotics while none of the patients who did not receive antibiotics were infected.

This series is small, but I feel that it should still remind us that the basic principles of treatment cannot be traded for pills or "shots."


Joseph Zeleny, M.D.
Chief of Orthopedics

Laboratories

Statistics again show an increase in the number of procedures performed in the Clinical and Pathological Laboratories.

	<u>1961</u>	<u>1962</u>
Hematology	66,658	72,733
Serology	3,909	3,474
Chemistries on blood	8,288	12,098
Chemistries on urine	96,181	106,047
Other chemistries	686	1,977
Bacteriology	9,942	13,892
Parasitology	28	87
Cerebrospinal fluid tests	645	609
Blood, plasma and packed cell transfusions	1,955	2,515
Serum albumin transfusions	79	86
Dextran transfusions	25	25
Fibrinogen transfusions	11	18
Blood bank procedures	16,395	17,235
Histology	5,233	6,726
Autopsies:		
Hospital deaths	143	161
Other	33	29
Electrocardiograms	2,483	3,086
Electroencephalograms	119	162
Basal metabolism tests	322	456
Vital capacity	22	14

A complete new electrophoresis equipment was purchased for the laboratory. It is designed to separate the components of a solution which possesses different electrophoretic mobilities and to evaluate the amounts of such components. The main use of this instrument is in serum protein analysis. Among the advantages of this new procedure are the introduction of a faster technic which reduces dyeing time, achievement of greater reproducibility, and automatic chart recording of final results, making possible a permanent record.

The new Spinco electrophoresis includes the following equipment: A Durrum type electrophoresis cell, a Duostat regulated power supply and an analytrol calibrated recording densitometer and automatic integrator.

Since no less than eight strips must be used for each running of the electrophoresis, this test is run only once a week. It is set up on Thursday, and completed on Friday or after sufficient requests for this test warrant the operation of the equipment.

SCHOOL OF MEDICAL TECHNOLOGY

Currently two students at St. Cloud State College are taking advantage of the affiliated program in Medical Technology. The sharp decrease in the enrollment of students in the School of Medical Technology is attributed to the change in the entrance requirements from two years to three years of college prior to entrance to our school.

CHEMISTRIES	119122
Blood	12098
A/G Ratio	268
Alcohol	18
Amylase	200
Barbiturate level	2
Bilirubin	695
Bromide	4
Bromsulphalein	159
Butanyl Extractable Iodine	9
Calcium	202
Carbon Monoxide	1
Cephalin Flocculation	315
Chlorides	609
Cholesterol	630
CO ₂ Combining Power	630
Creatine	1
Creatinine	6
Cryoglobulin	1
ET-3 Test (Euthyroid)	2
Electrophoresis	70
Fibrinogen Index	14
Glucose	3231
Glucose Tolerance	125
Icterus Index	58
Iron	1
Lactic Dehydrogenase	1
Phosphatase acid	48
Phosphatase alkaline	289
Phosphorus	151
Potassium	566
Protein Bound Iodine	454
Prostatic acid phosphatase	62
Sodium	602
Thymol Turbidity	137
Total Bilirubin	90
Transaminase	816
Urea Nitrogen	1438
Uric Acid	192
Vitamin C Level	1

Urine 106047

Acetone	14969
Addis Count	2
Albumin	14979
Albumin Quantity	1
Alcohol	3
Amylase	49
Bence-Jones Protein	19
Bile	66
Blood	22
Catecholamine	23
Chloride Quantity	1
Color and character	14964

Concentration and Dilution	2
Coproporphyrins	1
Cystoscopic	159
Diacetic Acid	4
Ebach's Test	1
Glass Test	16
Hydroxy-corticosteroids	9
Hydroxyindole acetic acid	7
Ictotest	1
17-Ketosteroids	8
Microscopic	14,988
Phenolsulphthalein	22
Phenylketonuria	411
Ph of Urine	14,974
Porphobilinogen	3
Porphyrins	41
Pregnancy Test	298
Salicylates	2
Specific Gravity	13,670
Sulkowitch	1,350
Sugar	14,965
Urobilinogen	16
Urobilinogen Quant	1

Other Chemistries 977

Amylase of ascitic fluid	1
Conc. of Hgb. in Irrig. Fld.	108
Diagnex Test	24
Emesis for occult blood	1
Fecal Fat, qualitative	3
Fecal Fat, quantitative	6
Fecal Hgb. determination	1
Fecal Salicylates	7
Fecal Urobilinogen	3
Gastric Analysis	291
Occult blood in feces	503
Paracentesis fld. for A/G Ratio	1
Semen Analysis	5
Stone Analysis	3
Stools for Bile	1
Sweat Electrolytes	12
Trypsin (Feces)	5

CEREBROSPINAL FLUID 609 Specimens submitted 198

Cell Count	177
Chloride	40
Colloidal Gold	41
Differential	46
Glucose	105
Protein	167
VDRL	33

A & B Antibody Titer.	2
Agglutinations.	323
ASO Titer	236
Blastomycocin Skin Test	16
Coccidioidin Skin Test.	8
Cold Agglutinins.	30
Coombs Test	669
C-Reactive Protein.	62
Heterophil Antibody Titer	162
Histoplasmin Skin Test.	46
Latex Fixation.	31
Mantoux	8
Paternity Test.	18
Rh Antibody Titer	124
Rheumatoid R-A.	1
Trichinosis Skin Test	1
Toxoplasmosis Skin Test	3
V.D.R.L.	1734

BLOOD BANK 19879

Blood Transfusions.	2230
Dextran Transfusions.	25
Fibrinogen Transfusions	18
Packed Cell Transfusions	214
Plasma Transfusions	71
Serum Albumin Transfusions	86
A-B-O Grouping.	5104
Compatibility	4839
Donors.	1415
Phlebotomy.	29
Rh Grouping	5848

HISTOLOGY 6726

Gross Examination	2102
Microscopic Examination	4624
Bone Marrow	77
Frozen Sections	256
Pap. Smears	1612
Special Stains.	3
Other tissues	2676
Total Sections Made:	10749

AUTOPSIES

Hospital deaths	161
Coroner's autopsies (D.O.A.)	12
Emergency Room Deaths	2
Other D.O.A.	6
Autopsies on Stillbirths	9
Total Sections Made:	2974

PARASITOLOGY 87

Anal Smear for pinworms	20
Stool for ova & parasites	67

Bleeding Time.	602
Buffy Smear.	16
Capillary Fragility.	3
Cell Indices	5
Clotting Time (Capillary).	593
Clot Retraction.	3
Differential	13024
Differential (By Pathologist)	26
Eosinophil Count (Thorne Test)	3
Hematocrit	15956
Hemoglobin	19523
Knee Joint Fluid for Cells	1
L.E. Clot Test	103
Nasal Smear. (Eosinophils)	3
Paracentesis fld. for diff.. . . .	1
Paracentesis fld. for cells.	1
Platelet Count	135
Prothrombin Time	6025
RBC Fragility Count	14
Red Blood Count.	41
Reticulocyte Count	116
Sedimentation Rate	3713
Smears for Sick Cells.	1
Venous Clotting Time	180
White blood count.	12626

BACTERIOLOGY 13892

<u>Routine</u>	<u>Culture</u>	<u>Grams</u>	<u>Procedures</u>
Urine	278 . .	416 . .	1645
Cystoscopic	61 . .	153 . .	243
Stool	59 . .	161 . .	1043
Sputum, Nose, & throat	638 . .	460 . .	2538
Spinal.	11 . .	30 . .	110
Miscellaneous	442 . .	412 . .	2295
<u>Acid Fast</u>			
Sputum.	2 . .	107 . .	95
Gastric	3 . .	77 . .	62
Urines.	9 . .	5 . .	46
Miscellaneous	1 . .	33 . .	77
Pleural fluid	-- . .	1 . .	1

<u>Miscellaneous</u>			
Blood culture	77 . .	10 . .	410
Fungus.	33 . .	10 . .	97
Milk-Sterility, Malaria, etc.	46 . .	-- . .	306
Water Cultures	-- . .	15 . .	--

Animal inoculations.	115
Coagulase Tests.	520
Sensitivity Test	739

Laboratories

Beginning in March, 1962, the Red Cross assumed the responsibility of supplying the total blood needs of the citizens of Stearns County. With the institution of this new blood program, the hospital will no longer carry on a private donor service. All donations will be made to the Red Cross during the visits of the mobile unit to the various parts of the county.

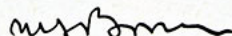
Under the terms of our contract with the Stearns County Chapter of the St. Paul Regional Blood Center, the Blood Center agrees to supply the total blood needs of the hospital. The hospital in turn agrees to participate in the cost of collecting and processing the blood at the price of \$5.50 per unit of blood.

The patient receiving the unit of blood is not charged for the blood used. The only charge involved when a patient receives a blood transfusion is a service charge that covers the cost of preparing the blood for transfusion.

The St. Paul Regional Blood Center also agrees to furnish the St. Cloud Hospital with blood products such as fibrinogen, albumin, plasma, gamma globulin, and fresh frozen plasma at a minimal cost to the patient.

In cases of emergency or when the St. Paul Regional Blood Center is unable to meet the demand of the hospital, the local Red Cross chapter will call in emergency donors to donate blood at the hospital.

With this program we hope to be able to keep an adequate supply of blood on hand at all times with a minimum of cost and inconvenience to everyone concerned.



Milosh Bozanich, M.D.
Chief of Laboratories

Radiology

	<u>1961</u>	<u>1962</u>
Radiographic examinations	30,990	33,572
Fluoroscopies	3,189	3,915
Therapies	1,660	1,222

There were no important technical changes in X-ray other than the addition of a 200MA portable--by strong technicians down slight inclines--unit which enhances our bedside technique considerably. After more than two years, our most important department member, the X-omat, continues to show its worth, expelling fully digested films seven minutes after ingestion. This machine has shown itself to have a personality, however, and the impatient eye of Dr. Sisk or Dr. Goehrs will lead to acid finisher, nervous rollers, and delay in developer emptying in the attempt to finish in $6\frac{1}{2}$ minutes. This sometimes results in an obstructing bolus which can be best described as a wad. The offenders can avoid creating a stress complex by adopting a carefree attitude of casual indifference in the presence of the machine (perhaps even denying that it's their films which are being developed) until the first black edge emerges and the film can be seized with a pliers and torn from the monster's grasp. This carefully developed nonchalance has saved many hours for Dr. LaFond. (See my forthcoming book, "Care and Feeding of Automatic Film Developers.")

The graduate technicians of 1961 thoughtfully fulfilled the prophecy of last year's report by ranking in the upper percentiles of all candidates for A.R.X.T. privileges. The present senior class numbers six and eight freshmen are starting training.

Dr. Greenwald left in July to assume the directorship of a new department in Cleveland. Dr. Knights, his replacement, must already be classified a long-termer, having recently received his one-year pin.

Sister Sandra has been transferred to another department and I would commend her years of excellent work here and wish her well. I have come to regard her with respect and affection and I will miss her subtle needling and ready wit as much as her fine work. I regret that I may also have to buy a dictionary because I doubt that anyone else will correct my spelling 18,127 times in any four-year period.

My thanks to the medical and administrative staff for the cooperation and consideration extended to the department and me during the past year.

Paul Anderson
Chief of Radiology

Pharmacy

The past year has been a busy one! Due to the help shortage we were unable to accomplish our goal of completion of the Hospital Formulary, but we hope that within the next few months this goal will finally be achieved. We do appreciate the patience you have shown and we are certain the usefulness of the Formulary to the entire hospital staff will make this long waiting period worthwhile.

On June 1 of this year we welcomed to our department Miss Mary Olson, a graduate of North Dakota State University College of Pharmacy. We are happy to have Mary with us.

POISON CONTROL CENTER

The Poison Center received 35 calls during the past year from 14 doctors. We would again like to encourage the other members of the staff to use the facilities when the need arises. We welcome, too, your visit to the pharmacy to inspect the center's file of information.

STATISTICS (July 1, 1961 - June 30, 1962)

<u>Type of Prescription</u>	<u>Number Filled</u>	
	Inpatient	Outpatient
Hypnotics, sedatives	21,720	322
Regular	106,930	2,665
Refills	--	3,346
Night calls (All drugs)	146	17

Sister M. Danile, O.S.B.
Sister Danile, O.S.B., R.Ph.
Pharmacist

Nursing Service

The Nursing Service Administrative Staff has added one and subtracted one member since last year's report. Mrs. Phyllis Herranen has become our 3rd evening supervisor, thus making it possible to have two supervisors on duty every evening. Mrs. Betty Young, one of the Assistant Directors, was appointed Head Nurse in the new Intensive Care Unit on January 2.

Changes in Head Nurse and Assistant Head Nurse positions are as follows:

Sister Mary Dominic replaced Sister Joel as Supervisor in Obstetrics;
Mrs. Anne Hopke became Head Nurse in Pediatrics;
Sister Pius was appointed Assistant Head Nurse in Pediatrics, the position vacated by Mrs. Hopke.

Sister Paul replaced Sister Leonelle as Head Nurse on 2 South when Sister Leonelle went to Boston College, Massachusetts, to complete her work for a master's degree in nursing education.
Miss Carol Zabinski replaced Sister Paul as Head Nurse on 2 North.
Mrs. Edith Albers was appointed Assistant Head Nurse on 2 North.

Other Assistant Head Nurse appointments were Sister Goretti for the Intensive Care Unit, Sister Demetrius for 4 North, Mrs. Audrey Ziebol for 2 South, and Miss Phyllis Burgmeier for 3 North.

On January 2 the Isolation Unit (called 2 West) was moved from 1 South to the west wing of 2 South. The unit is staffed and operated from 2 South proper. Although smaller than when situated on 1 South it has proved adequate in most instances as the number of isolation cases usually does not exceed eight.

In-service education is a continual, never-ending activity of the Nursing Service Department. All nurse aides and orderlies receive an intensive two-week training course before they are assigned to floor duty and their work is followed by Mrs. Mockenhaupt, instructor.

Central Service gave eleven classes on orthopedic equipment to personnel of 4 North and has provided an excellent manual on this equipment for use on the floors. Central Service also set up several educational types of displays on catheters and dressings used in the hospital and demonstrated use of K pads and the Thermia unit.

On January 23 the Intensive Care Unit became a reality. The unit has proved to be a real asset. The total number of patients cared for in the first six months of

Nursing Service

operation was 113--86 surgical and 27 medical. The Intensive Care Unit has also served as Postanesthesia Recovery Room on weekends and after 6 p.m. About 30 such patients are cared for each month.

Also on January 23 the examining room for outpatients was moved from 3 North to 1 South--Room 119. The room is equipped with an examining table and chair, emergency supply cabinets, and so on. This is a tremendously busy place especially on weekends when doctors' offices are closed.

With the cooperation of the Granite City Ambulance Service, two-way radio service between the ambulance and the hospital was installed. Using this we are alerted to the number of patients coming, the seriousness of their injuries and so on which enable us to be prepared for them when they arrive.

An additional feature in the newly remodeled medication rooms is a medication refrigerator. These will prove their worth both in time and steps when the nurses are busily preparing to give medications.

Wristbands for identification have been placed on every patient since October 1. Eight K pads, three thermotic drainage pumps with flush attachment, an electronic control for the thermia unit and T.E.D. antiembolism stockings give an idea of the range of items added to our equipment for better patient care. Many procedures have been improved by changes in supplies used for them.

The daily average number of nursing care hours for each patient and the daily average number of patients for each month are shown in the following table. Head Nurses, Assistant Head Nurses and Ward Secretaries are not included.

Month	Hours	Patients
July	3.08 1.19	205 246
August	3.00 1.16	195 235
September	3.17 1.26	178 214
October	3.68 1.42	218 262
November	2.15 0.86	198 238
December	2.95 1.14	185 223
January	3.44 1.31	208 250
February	3.31 1.41	214 257
March	3.51 1.32	212 254
April	3.70 1.48	193 232
May	2.97 1.11	198 238
June	2.97 1.18	199 239

Sister M. Marian, P.L.B.
Director of Nursing Service

Physical Therapy

	1961	1962
Total number of patient visits.	9614	9970
Total number of patients.	1137	1224
Inpatients	821	921
Outpatients.	316	303
New patients	858	929
Monthly average number of patients. . .	94	102
Monthly average number of visits. . . .	801	831
Monthly average number of visits by each patient	9	8

	<u>Modalities Used</u>	
Exercise.	1343	1152
Massage	201	264
Infra Red	126	156
Whirlpool	1363	1453
Diathermy	2269	2481
Hot packs	4411	4424
Muscle reeducation.	333	352
Ultra Violet.	41	
Gait Training	899	757
Electrical stimulation.	4	85
Muscle Test	2	
Paraffin bath	136	130
Ultra sound	1495	1908

There have been no personnel changes in the PT dept. during the past year. A new intermittent cervical traction machine was purchased which will help a great deal in the treatment of cervical and lumbar discs, whip-lash injuries, shoulder and arm pains, and so on.

Emmet Shaughnessy
Emmet Shaughnessy, R.P.T.
Physical Therapist

Occupational Therapy

123 new patients were treated in Occupational Therapy. They received a total of 1358 treatment units. Listed according to the primary treatment goal, they are as follows:

ADL	9 patients
Graded active exercise.	11 patients
Cardiac	7 patients
CVA	27 patients
Anxiety and/or depression	30 patients
Therapeutic diversion	39 patients

Sister Maureen, O.S.B.
Sister Maureen, O.T.R.
Occupational Therapist

Medical Records

The Medical Record Department is a service bureau to the hospital's administrative and medical staffs and extends the services of the hospital to the time beyond hospitalization. Preserving the records for future reference, producing them in court when the patient needs them to support a claim, sending an abstract of records for patients who are subsequently hospitalized elsewhere, completing forms for insurance claims, and, in the last year or two making numerous reports to Social Security offices to support claims for disability benefits are some of the ways in which extension of service is carried out.

The quality of departmental service is contingent upon the abilities of personnel entrusted with all aspects of medical recording. Our aspect is stenographic assistance to the doctors, analysis, cataloging and preserving. In an effort to do the best in this, the employees are encouraged to broaden their education and knowledge. The actual recording, however, is the responsibility of the doctors or department personnel who give the orders, carry them out and make observations.

32,048 admission records were received from the Admitting Department and recorded in the Medical Record Department. Approximately 9,000 charts on readmitted inpatients were forwarded to the nurses' stations. 15,093 medical records of discharged inpatients were received, assembled and processed through the various indexes.

Many histories, physical examinations, consultation reports, discharge summaries, some letters of referral when patients were transferred to another hospital, and 7900 surgical reports were transcribed by the stenographic division amidst difficulties with tangled wires and mechanical breakdowns.

The record storage room was renovated with new ceiling lights and more open shelves so that all the records are on shelves and all drawer files have been eliminated. An "out-card" system for the permanent file was instituted whereby an 8½" x 11" blue card giving the destination of the chart is placed in the file during the time a record is "away on business."

New books bought for the Medical Reference Library are "Ciba Collection of Medical Illustrations," two volumes on the gastrointestinal tract; "Current Therapy" for 1962; "Orthopedics, Principles and their Applications" by Samuel Turek, M.D.; and "Physical Diagnosis" by Major and Delp. There are signs that more use is being made of the library. Perhaps it should be bigger, better, and elsewhere.

Medical Library

Sister Sebastine, O. L.B.
Medical Record Librarian

Food Service

A total patient care program requires the most exacting professional considerations of the therapeutic values of prescribed, planned feeding. Food in tremendous volume is required. Its preparation demands the attention of a very large staff. Distribution calls for many hands and great care. For every meal served dishes must be washed. Creativity and a deft touch are necessary ingredients of any effort to coax a reticent appetite. The past year has been a most interesting and challenging one for the personnel of the Dietary Department, and many changes have taken place.

After fourteen years as Administrative Dietitian here, Sister Glenore was transferred to the Convent of Benedictine Sisters at Taipeh, Formosa, where she is Regional Superior. Sister Boniface came from St. Benedict's Hospital, Ogden, Utah, to take her place.

The achievement for which we are most grateful is revision of the Diet Therapy Manual for St. Cloud Hospital. The medical, administrative and nursing staffs all contributed to making this manual valuable for both patients and staff. A copy of the manual was given to each doctor and it is available at each nurses' station and in the Medical Reference Library on 6th floor.

Other changes that have helped our patient food service include the following:

1. All late and "Hold" trays are served from the modified diet kitchen.
2. Salt substitutes in individual packets are given to patients on sodium-restricted diets if requested by their physicians.
3. All patients served from the modified diet kitchen have the privilege of keeping their menus which is valuable for them when they are following a modified diet at home.
4. Diabetic exchange list posters arranged by Sister Colleen and students have helped in teaching classes for diabetic patients.
5. New bamboo color fiberglass trays for the patients on modified diets truly please them. One patient remarked, "The trays are so pretty that I find myself eating better."

The Ladies Auxiliary again generously supplied attractive and interesting tray favors for all the major holidays. Our patients are so grateful for this thoughtful remembrance.

Food Service

Because of the importance of continuing education for the dietary staff, the dietitians and others in the department attended several workshops and institutes which are mentioned in another section of this report. In-service training for all employees is an integral part of the department's activities.

Renovation of the dietitian's office, dining and dishwashing areas was begun. This will provide more adequate and attractive dining rooms for our employees for relaxation at snack and meal times. The clientele of the cafeteria were happily surprised with new aquamarine trays, parakeet design china, and stainless steel "silverware." Lowerators for plates, cups, saucers and trays provide for more convenient handling of dishes.

Other new equipment includes a freezer and mixer for the bakery and a freezer and blender for the diet kitchen.

For completion of this report a few statistics may be of interest. The total tray count, and more specifically the modified diet tray count, has been consistently high.

	<u>This Year</u>	<u>Last Year</u>
Meals served to patients	246,338	232,685
Daily average	675	637
Other meals	351,872	368,898
Daily average	964	1,011
Total meals served in the hospital	598,210	601,583
Daily average	1,639	1,648

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Trays served in Modified Diet Kitchen	78,219	68,757
Daily average	214	188
Average trays each meal	71	63
% of total patient meals	32%	30%
Diet instructions given	976	907

The staff in the formula room prepared 248,315 ounces of formula. 754 mothers took 6-pac bottles home with their new babies. All of this required 97 hours of professional and 3,532 hours of non-professional labor, more than 700 hours less than the preceding year when we did not have a house formula.

The staff of the dietary department appreciates the cooperation of the departments in providing good food and food service for we are fully aware of the vital importance of good nutrition.

Sister M. Boniface, O.S.B.
Administrative Dietitian

School of Nursing

Accreditation

The National League for Nursing conducted a resurvey visit during the week of April 16. Frances K. Peterson, Director of the Department of Diploma and Associate Degree program conducted the visit. The Board of Review notified the school of its continued accreditation status on June 29.

In July the Minnesota Board of Nursing issued a renewal of accreditation for a two-year period ending in July, 1964.

Faculty Appointments

Sister Mary Annette, O.S.B., was appointed Librarian; Jean Hollenhorst and Sister Pius, O.S.B., were appointed Clinical Instructors of 2 South and 4 South respectively. The faculty consisted of ten full-time and ten part-time instructors. In-service programs were conducted regularly.

A Guidance Director was engaged to assist the students in the Counselling Program.

Curriculum

A course in Leadership Concepts was introduced for the Senior Class. Senior Seminars were continued.

The faculty engaged in an intensive study of the curriculum in anticipation of major curriculum revision.

Convocations were held regularly during the year to enhance the cultural development of the students.

Library

338 new books were purchased during the year. The total library collection consists of 4674 titles and 428 duplicates. There are 98 subscriptions to periodicals.

Honors and Awards

Eleven senior students attended the honors banquet sponsored by the Chamber of Commerce.

Four seniors represented the school at the Kiwanis Honors Day Luncheon.

The Alumnae Association Award of \$50 was given to an outstanding senior and the Sister Elizabeth award of \$25 to the kindest nurse. Three Catholic Physicians Guild awards of \$25 were given, one to a member of each class.

Scholarships

5 Grace Weiss Halenbeck Scholarships	each	\$200
6 Sister Elizabeth Memorial Scholarships	each	\$ 50
2 St. Cloud Hospital Marian Scholarships	each	\$100
17 Minnesota State Scholarships (Varying amounts)		
3 other scholarships	total	\$850

Students and Activities

On September 1, 1961, there were 163 students enrolled in the program. Eighteen students withdrew during the school term--eleven for scholastic reasons. Eight

School of Nursing

students were from St. Cloud, 27 from Minneapolis-St. Paul, 120 from other towns in Minnesota and 8 from other states.

Two three-day retreats were conducted by Father J. Alfred Kroll of Grey Eagle and by Father Edward Morslander of Swanville.

The school loan fund was used by 27 students.

One hundred five students carry Blue Cross hospital insurance, 98 are enrolled in M.I.I., 28 are insured by other companies and 16 have no coverage.

Tuition

The cost of the program remained at \$1200 for the first and second year students and \$750 for the third-year students. In each case these fees are for three years.

Recruitment

Faculty members represented the school at "Career Days" held in various nearby high schools.

Sixty-four students will be admitted in September, 1962.

The School of Nursing wishes to express sincere gratitude to Dr. Halenbeck who donated a Hammond electric organ.

Sister Cassian, O.S.B.
Sister Cassian, O.S.B.
Director

Hospital Happenings

- July Sister Glenore, O.S.B., Administrative Dietitian, was appointed Religious Superior of three Benedictine convents in Formosa.
- August Sixty students graduated from the School of Nursing, six from the School of X-ray Technology, two from the School of Medical Technology.
- The annual steak fry and quarterly meeting of District III of the M.H.A. was held here.
- Duane Beckstrom, Medical Technologist, attended the Catholic Hospital Association workshop on parasitology in New Orleans, Louisiana.
- Television was installed as a facility in the patient rooms.
- Mother Richarda, O.S.B., came to the hospital as Religious Superior.
- Sister Boniface, O.S.B., was appointed Administrative Dietitian.
- September Dr. C. Brigham, Chief of Staff, was host at the annual President's Dinner for the Medical Staff.
- A Fire Control and Patient Evacuation Institute was sponsored by the hospital with the cooperation of the St. Cloud Fire Department and under the direction of Lt. Robert McGrath, nationally known specialist in this field.
- The four schools conducted by the hospital were opened with enrollment of 186 students: 158 in the School of Nursing, 12 in the School of X-ray Technology, 8 in the School of Medical Technology and 8 in the School of Anesthesia.
- Sister Virgene attended the Continuing Education Program for Nurse Anesthetists conducted by the Catholic Hospital Association in St. Louis, Missouri.
- October Sister Glenore left for her new mission in Formosa.
- A short-wave radio system was installed in the hospital to allow direct communication between Nursing Service and the Granite City Ambulance Service.
- The Central Service Conference Group of District III of the M.N.A. held its annual state meeting here.
- Sister Cassian and Miss Ann Williamson, Clinical Instructor, attended the National League for Nursing Regional Meeting at the Leamington Hotel in Minneapolis.
- Sister Paul, Sister Albert and Mrs. Keller attended the Fifth Regional Conference of Catholic Nurses at the Lowry Hotel in St. Paul.
- Seventeen Sisters from the hospital attended the annual meeting of the Minnesota Conference of Catholic Hospitals at St. Mary's Hospital in Minneapolis

November Sisters Leonarda, Keith, Mary Dominic and Cassian attended the M.N.A. Convention at the Radisson Hotel, Minneapolis.

Sister Jameen attended the Minnesota Hospital Association Annual Meeting at Hotel Leamington, Minneapolis.

The Women's Auxiliary held its annual Bake Sale in the hospital.

Sister Boniface and Sister Colleen attended the semi-annual meeting of the Minnesota Dietetics Association in Minneapolis.

Sister Sandra went to St. Louis, Missouri, for a C.H.A. workshop for x-ray technicians.

Sister Cassian attended the Third National Conference on Lay Mission Work at Mundelein College, Chicago.

Sister Leonarda attended the Institute for O.R. Supervisors (Advanced Program) sponsored by the American Hospital Association and the National League for Nursing in Indianapolis, Indiana.

December The hospital was host to twenty-four deacons from St. John's for the annual "Deacons' Day" when twenty-four deacons from St. John's Seminary were toured through the hospital and given a "birdseye" view of hospital activities, services and facilities.

Sister Boniface assisted in teaching at the Institute for Food Service Personnel in Small Hospitals and Nursing Homes which was sponsored by the Minnesota Hospital Association, Minnesota State Department of Health, and the Minnesota Dietetic Association at St. Gabriel's Hospital in Little Falls, Minnesota.

The School of X-ray Technology capped six students in the chapel.

January The first capping ceremonies for the Candystripers, a Junior Volunteer Program inaugurated in June, 1961, were held at the Nurses' Home. Thirteen teenage girls received caps for having volunteered fifty hours of work; six girls received stripes for one hundred hours of work, and one young lady received two stripes for having accumulated over two hundred hours of volunteer work.

Employees were guests of the Sisters at a holiday coffee hour.

The Women's Auxiliary held its first annual luncheon and orientation program for volunteer workers.

The Intensive Care Unit was opened.

Fourteen Sisters attended a lecture at the Veterans Administration Hospital by Mr. George Deschambeau, Methods Engineer at Michael Reese Hospital and Medical Center, Chicago.

Sister DeLellis and Sister Rosalinda attended a meeting of the Minnesota Chapter of the American Association of Hospital Accountants.

Renovation of the west wing of 2 South was completed. The eight rooms in this area are staffed by personnel especially trained to care for patients with infectious diseases.

February The student nurses' Sodality of Our Lady held a Book Fair during National Book Week and provided much "food" for every taste in reading.

A two-day secretarial institute at Hotel Leamington, Minneapolis, conducted by the Bureau of Business Practice of New London, Connecticut, was attended by Mrs. Moeglein.

Sister Judith attended a meeting of the American Association of Nurse Anesthetists at the Association headquarters in Chicago.

Sister Jameen attended the Fifth Annual Congress on Administration in Chicago.

The revised edition of the personnel policies went to press.

The semi-annual meeting of diocesan hospitals and homes for the aged was held here.

Sister Colleen attended the Institute in Clinical Dietetics held at the Continuation Center, University of Minnesota.

March With the assistance of a committee of the Medical Staff the revision of the Dietary Manual was completed and distributed to the nursing stations and to members of the Medical Staff.

April Sister Cassian attended a Conference of the Minnesota Board of Nursing in Minneapolis.

Sisters Boniface, Hildebrand and Innocent attended the Institute for Food Service Managers sponsored by the Minnesota Hospital Association and the Minnesota Dietetic Association in Minneapolis.

Sister Kenric and Sister Rosalinda went to Abbott Hospital, Minneapolis, for a meeting of the Minnesota Chapter of Hospital Accountants.

Sisters Paul, Pius, Demetrius and Mr. Trutwin attended a workshop on oxygen therapy at the Germain Hotel, St. Cloud.

The Women's Auxiliary held the first Fandel's Days promotion.

Mother Richarda, Father Riley, Sister Jameen and Dr. John McNamara attended the Catholic Hospital Association meeting on "Psychiatry in Hospitals" in Chicago.

The School of Nursing was again accredited by the National League for Nursing.

May A "Disaster Dry Run" was held in the hospital with Explorer Boy Scouts acting as victims. The St. Cloud Fire Department, Police Department, radio, press and ambulance services, as well as the Medical Staff of the hospital, took part in this activity.

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May Fourteen Sisters from the hospital attended the semi-annual meeting of the Minnesota Conference of Catholic Hospitals in Hastings.

The committee appointed to direct activities for National Hospital Week worked hard to bring the theme, "Your Hospital--Uniting Science and Patient Care" to the personnel and the community.

Sister Jameen and Sister Cassian attended the meeting of Council Member Agencies of the National League for Nursing, Department of Diplomas and Associate Degree Programs in Chicago.

Sixteen Sisters and twenty-five employees attended various sessions of the Upper Midwest Hospital Conference.

Sister Cassian and Sister Leonarda attended the annual convention of the American Nurses Association in Detroit.

The Catholic Hospital Association Convention, held in St. Louis, Missouri, was attended by Sisters Keith, Marion, Paul and Judith.

June Dr. Metz surveyed the hospital for the Joint Commission on Accreditation of Hospitals and shortly after his visit the hospital was notified that it was again accredited for the maximum period of three years.

Remodeling and decorating of the cafeteria and dining area of the hospital was begun.

HOSPITAL PERSONNEL ON JUNE 30, 1962

2 Chaplains Administrator Doctors 5
Assistant Administrator

Administrative Office	2	Central Service	13
Business Office	34	Operating Rooms	21
Personnel	2	Anesthesia	12
Purchasing	4	Physical Therapy	5
Dietary	56	Occupational Therapy	1
Housekeeping	64	X-ray	16
Laundry	22	Laboratory	29
Maintenance	30	Pharmacy	6
Medical Records	10	School of Nursing	20
Nursing Service	225		

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Management Staff

Governing Board

Mother Henrita, O.S.B., Chairman
 Mother Richarda, O.S.B. Sister Mary Patrick, O.S.B.
 Sister Clyde, O.S.B. Sister Jameen, O.S.B.
 Sister Enid, O.S.B. Sister Sebastine, O.S.B.

Administrator
Assistant Administrator
Administrative Assistant

Sister Jameen, O.S.B.
 Sister Marion, O.S.B.
 Harold Knevel

Chaplains

Father Patrick Riley
 Father Lawrence Torborg

DEPARTMENT		SUPERVISOR
Anesthesia	. . . . .	S. Judith, C.N.A.
Business Office	. . . . .	S. Rosalinda, O.S.B.
Central Service	. . . . .	S. Roger, R.N.
Dietary	. . . . .	S. Boniface, B.S.
Engineering and Maintenance	. . . . .	Frank Karn
Housekeeping	. . . . .	S. Laurentine, O.S.B.
Laboratory	. . . . .	S. Bridget, M.T.
Laundry	. . . . .	S. Quidella, O.S.B.
Medical Records	. . . . .	S. Sebastine, O.S.B.
Nursing Service	. . . . .	S. Marion, R.N., M.S.
Occupational Therapy	. . . . .	S. Maureen, O.T.R.
Operating Room	. . . . .	S. Leonarda, R.N.
Personnel	. . . . .	Mrs. E. Merkling
Pharmacy	. . . . .	S. Danile, R. Ph.
Physical Therapy	. . . . .	E. Shaughnessy, R.P.T.
Purchasing	. . . . .	Harold Knevel
School of Nursing	. . . . .	S. Cassian, R.N., M.S.
Radiology	. . . . .	S. Jonathan, R.T.



THE
ST. CLOUD
HOSPITAL

LICENSED
BY THE
STATE OF MINNESOTA

ACCREDITED
BY THE
JOINT COMMISSION
ON
ACCREDITATION OF HOSPITALS

MEMBER
OF
AMERICAN HOSPITAL ASSOCIATION
CATHOLIC HOSPITAL ASSOCIATION
MINNESOTA CONFERENCE OF CATHOLIC HOSPITALS
MINNESOTA HOSPITAL ASSOCIATION
MINNESOTA HOSPITAL SERVICE ASSOCIATION
NATIONAL CONFERENCE OF CATHOLIC CHARITIES
ST. CLOUD CHAMBER OF COMMERCE

THIS REPORT
EDITED
BY THE

COVER BY SISTER JOSELLA, O.S.B. _____ MEDICAL RECORDS DEPARTMENT

